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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none - M*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none - M*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/23/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	6	32	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Test system dynamic range extension through compression compensation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
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